

Wave 1: Episode definition comparison table – quick reference

	PAP	Trigger	Pre-trigger window	Post-trigger window	Quality metrics¹
Perinatal	Physician who delivers the baby	Live birth diagnosis and delivery procedure code	40 weeks prior to date of delivery	60 days after trigger window	HIV test; GBS test; C-section rate; Follow-up visit 60 days; <i>Gestational diabetes screening; Hepatitis B screening; Ultrasounds; Chlamydia test</i>
Asthma	First facility that receives the patient	Asthma specific diagnosis on ED, Obs, or IP facility claim; Contingent code with confirming diagnosis	N/A	30 days after trigger window	Follow-up visit 30 days; Filled prescription; <i>Repeat exacerbation; IP vs ED/Obs; Chest x-ray; Smoking cessation counseling; Follow-up visit 7 days</i>
COPD	First facility that receives the patient	COPD specific diagnosis on ED, Obs, or IP facility claim; Contingent code with confirming diagnosis	N/A	30 days after trigger window	Follow-up visit 30 days; <i>Repeat exacerbation; IP vs ED/Obs; Smoking cessation counseling; Follow-up visit 7 days</i>
Non-acute PCI	Physician who performs the procedure	Professional claim for PCI specific diagnosis; Matching IP or OP facility claim with non-acute diagnosis code	Most recent angiogram within 30 days prior to procedure date	30 days after trigger window	Incidence of adverse outcomes; <i>% multi-vessel procedures; Repeat PCI</i>
Acute PCI	Facility that performs the procedure	Professional claim for PCI; Matching IP or OP facility claim with acute diagnosis code	N/A	30 days after trigger window	Incidence of adverse outcomes; <i>% multi-vessel procedures; Repeat PCI</i>
TJR	Physician who performs the procedure	Procedure code for total hip or knee replacement without a related disqualifying trauma diagnosis code	90 days prior to procedure date	90 days after trigger window	Readmission 30 days; Fracture, dislocation, or infection; <i>Pulmonary embolism; % 1+ blood transfusions during trigger</i>

¹ Italics indicate quality metrics not tied to gain-sharing

Wave 2: Episode definition comparison table – quick reference

	PAP	Trigger	Pre-trigger window	Post-trigger window	Quality metrics¹
Appen- dectomy	Physician or group that performs the surgery	Professional claim for the surgery	2 days before the surgery	30 days after trigger window	Infection; Severe adverse outcomes; <i>Readmission 30 days; Associated facility hospitalization; CT scan; Avg LOS; Open vs laparoscopic; Neg appendectomy</i>
Cholecy- stectomy	Physician or group that performs the surgery	Professional claim for the surgery; Exclude open cholecystectomies	First visit to PAP within 90 days prior to the surgery	30 days after trigger window	Infection; Severe adverse outcomes; <i>Readmission 30 days; Associated facility hospitalization; CT scan; Avg LOS; Avg spend in pre-trigger window</i>
URI	Physician or group that diagnoses the patient	URI specific diagnosis on professional claim for office or ED visit; Contingent code with confirming diagnosis	N/A	14 days after trigger window	Filled antibiotics if no Strep test; <i>Flu vaccination; Strep test if strep or pharyngitis and filled antibiotics; ED visit 14 days; Office follow-up 14 days if ED trigger; Filled antibiotics if bronchitis or sinusitis</i>
UTI	Physician or group that diagnoses the patient	UTI specific diagnosis on professional claim for office or ED visit; Contingent code with confirming diagnosis	N/A	30 days after trigger window	Advanced imaging; <i>Repeat UTI; Filled antibiotics; IP or office visit 30 days if ED trigger; ED visit 30 days; Urine culture or unanalysis if +18 y/o; Urine culture and urinalysis if -<= 17 y/o</i>
GIH	First facility that treats the patient	GIH specific diagnosis on ED or IP facility claim; Contingent code with confirming diagnosis	N/A	30 days after trigger window	Office visit 30 days; <i>Readmission or ED visit 30 days; ED vs office visit 30 days; Mortality; Surgery; Re-bleeding; Intervention radiology; H. Pylori treatment; Filled NSAID prescription</i>
EGD	Physician or group that performs the surgery	Professional claim for the surgery	7 days prior to the surgery	14 days after trigger window	QCDR participating facility; ED visit 14 days; <i>Perforation; Biopsy if gastric ulcers or Barrett's esophagus</i>
Colono- scopy	Physician or group that performs the surgery	Professional claim for the surgery	7 days prior to the surgery	14 days after trigger window	QCDR participating facility; ED visit 14 days; <i>Perforation; % additional colonoscopy 60 days; % post-polypectomy or biopsy bleeding</i>

¹ Italics indicate quality metrics not tied to gain-sharing

Wave 3: Batch 1 episode definition comparison table – quick reference

	PAP	Trigger	Pre-trigger window	Post-trigger window	Quality metrics¹
Headache	Physician entity diagnosing the headache	Outpatient or office visit diagnosis indicating non-traumatic headache	N/A	15 days (comprised of one 3-day window and one 12-day window)	New opioid prescription rate; new barbiturate prescription rate; imaging rate (CT, MRI); <i>14-day ED visit rate</i>
Low back pain	Physician entity diagnosing the low back pain	Outpatient or office visit diagnosis indicating non-traumatic low back pain	N/A	30 days (comprised of one 3-day window and one 27-day window)	New opioid prescription rate; 10-day physician follow-up rate; 30-day back imaging rate (CT, MRI, X-ray); <i>steroid injection rate</i>
Hysterectomy	Surgeon who performs the hysterectomy	Planned hysterectomy in an inpatient or outpatient setting	30 days prior to date of trigger procedure	30 days (comprised of one 3-day window and one 27-day window)	New opioid prescription rate; 30-day post-operative infection rate; <i>major morbidity (complication) rate; percent of episodes performed abdom. / transvag. / laparo.</i>
CABG	Surgeon who performs the CABG procedure	Planned CABG procedure in an inpatient setting	30 days prior to date of trigger procedure	30 days	30-day physician follow-up care rate; ACE inhibitor prescription (fill) rate; beta blocker prescription (fill) rate; <i>30-day readmission rate; major morbidity (complication) rate</i>
Cardiac valve	Surgeon who performs the valve procedure	Planned cardiac valve repair or replacement procedure in an inpatient setting	30 days prior to date of trigger procedure	30 days	30-day physician follow-up care rate; ACE inhibitor prescription (fill) rate; beta blocker prescription (fill) rate; <i>30-day readmission rate; major morbidity (complication) rate</i>
CHF	Facility treating the acute CHF exacerbation	ED, observation, outpatient IV clinic, or inpatient visit with diagnosis indicating acute CHF exacerbation	N/A	30 days	30-day physician follow-up care rate; ACE inhibitor prescription (fill) rate; beta blocker prescription (fill) rate; <i>30-day readmission rate</i>

¹ Italics indicate quality metrics not tied to gain-sharing; not exhaustive

Wave 3: Batch 2 episode definition comparison table – quick reference

	PAP	Trigger	Valid ages	Duration	Quality metrics¹
DKA/HHS	Facility where the patient first presents	Inpatient stay for DKA or HHS	0-64 years old	Pre-trigger: N/A Post-trigger: 30 days	30-day follow-up visit; <i>Readmission rate; ICU utilization rate; ED visit rate; Imaging rate; Diabetes medication rate</i>
Pancreatitis	Facility where the patient first presents	Inpatient stay for pancreatitis	0-64 years old	Pre-trigger: N/A Post-trigger: 30 days	New opioid prescription rate; 30-day follow-up visit; <i>Readmission rate; ED visit rate; Index cholecystectomies performed; ERCP rate²; Nutritional counseling rate</i>
Skin and soft tissue infections (SSTI)	Physician diagnosing the infection	Outpatient or office visit diagnosis indicating a simple SSTI	31 days through 64 years old	Pre-trigger: N/A Post-trigger: 30 days	First-line antibiotic use; bacterial culture rate of episodes with incision & drainage; <i>post-trigger IP admission rate; post-trigger ED rate; ultrasound imaging rate; non-ultrasound imaging rate; rate of second antibiotic during days 15-30</i>
Neonatal: Low-risk	Facility where the newborn is born	Live birth diagnosis in IP setting; 37+ weeks gestational age	0 years old	Pre-trigger: N/A Post-trigger: 7 days	Initial pediatric visit; <i>readmission rate; ED visit rate; mortality rate; rate of non-office visits for jaundice; rate of delivery by C-section</i>
Neonatal: Moderate-risk	Facility where the newborn is born	Live birth diagnosis in IP setting; 32 through 36 weeks gestational age ³	0 years old	Pre-trigger: N/A Post-trigger: 7 days	Initial pediatric visit; <i>readmission rate; ED visit rate; mortality rate; rate of delivery by C-section</i>
Neonatal: High-risk	Facility where the newborn is born	Live birth diagnosis in IP setting; <32 weeks gestational age ⁴	0 years old	Pre-trigger: N/A Post-trigger: 7 days	Initial pediatric visit; <i>readmission rate; ED visit rate; mortality rate; rate of delivery by C-section</i>
HIV	Physician with the most OP visits for HIV and HIV-related conditions	OP pharmacy claim for anti-retroviral therapy (ART) drug with a confirming diagnosis	16-64 years old	180 days ⁵	Periodic ART refill; Preferred drug usage; STI screening; <i>Infrequent ART refill; New patients; IP admission rate; ED visit rate; Hepatitis C screening; Influenza vaccination; Viral status reporting Viral suppression</i>

¹ Italics indicate quality metrics not tied to incentive payments; non-exhaustive list shown for metrics not tied to incentive payments; Italics indicate quality metrics not tied to gain-sharing; ² ERCP = Endoscopic retrograde cholangiopancreatography; ³ Defined using ICD-10 codes, approximated as 33-36 weeks in ICD-9; ⁴ Defined using ICD-10 codes, approximated as 32 weeks and lower in ICD-9; ⁵ For HIV, the episode window is 180 days; it is not divided into trigger/post-trigger windows.

Wave 3: Batch 3 episode definition comparison table – quick reference

	PAP	Trigger	Valid ages	Duration	Quality metrics ¹
Breast biopsy					
Breast cancer surgery					
Breast medical oncology					
Design still underway					
Tonsillectomy and adenoid-ectomy	Surgeon who performs the procedure	Planned tonsillectomy, adenoidectomy, or adenotonsillectomy procedure	6 months – 20 years	Pre-trigger: 30 days Post-trigger: 30 days	Perioperative dexamethasone administration rate; post-op bleeding rate within 2 days of the procedure; antibiotic prescription rate; <i>rate of indicated concurrent tympanostomy; post-op follow-up rates;</i>
Otitis media	Clinician who diagnosed the otitis media (OM)	Outpatient office visit with a primary diagnosis of OM, or a primary diagnosis of a sign or symptom of OM with a secondary diagnosis of OM	6 months – 20 years	Post-trigger: 30 days	OME episodes with antibiotics, Non-OME episodes with antibiotics; <i>OME episodes with oral corticosteroids, indicated tympanostomy rate, overall tympanostomy rate, follow-up encounter rate, hearing test rate, non-OME macrolide rate</i>
Pediatric acute lower respiratory infection	Facility where the patient first presents	Emergency department or inpatient admission with a primary diagnosis of pneumonia or bronchiolitis	0-20 years	Post-trigger: 30 days	Follow-up care rate within 7 days; <i>trigger admission rate, post-trigger ED visit rate, post-trigger admission rate, bronchiolitis episode antibiotic prescription rate</i>

¹ Italics indicate quality metrics not tied to gain-sharing; not exhaustive

Wave 3: Behavioral health episode definition comparison table – quick reference

	PAP	Trigger	Valid ages	Duration	Quality metrics²
Attention deficit and hyperactivity disorder	Provider with the plurality of ADHD-related E&M and medication management visits when applicable	Professional claim with diagnosis of AD/ADHD	4-20 years old	180 days ¹	Percentage of valid episodes that meet the minimum care requirement of five visits/claims during the episode window, Percentage of valid episodes with no coded behavioral health comorbidity for which the patient received antipsychotics, <i>Percentage of valid episodes of patients ages 6 to 12 for which there was a follow-up visit within 30 days of a prescription for ADHD medication, Percentage of valid episodes of patients ages 3 to 5 that include any BH medication</i>
Oppositional defiant disorder	Provider with the plurality of ODD-related E&M and medication management visits when applicable	Professional claim with diagnosis of ODD	4-20 years old	180 days ¹	Percentage of valid episodes that meet the minimum care requirement of five therapy visits during the episode window, Percentage of valid episodes with no coded behavioral health comorbidity for which the patient received antipsychotics, <i>Average number of therapy visits per valid episode, Percentage of valid episodes with no coded behavioral health comorbidity for which the patient received BH medications, Percentage of valid episodes that had a claim with ODD as the primary or secondary diagnosis in the year prior to the episode start</i>

¹ The episode window is 180 days; it is not divided into trigger/post-trigger windows.

² Italics indicate quality metrics not tied to gain-sharing; not exhaustive